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Research Paper

An Observational Study of Hypertension in Dwandhaj Prakruti

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ABSTRACT

Individuals are classified by Ayurveda according to their Deha Prakriti (body constitution), which is mainly divided into Vata, Pitta, and Kapha, or their mixtures. Pathological inclinations and physiological responses are influenced by these constitutions. According to Prakriti, there are a variety of patterns and susceptibilities associated with hypertension, a prevalent lifestyle illness. According to Ayurveda, hypertension cannot be regarded as a Vyadhi (illness); rather, it can be comprehended by evaluating the relevant Doshas, Dushyas (entities impacted by morbid Dosha, Srotas), etc. Numerous factors, including stress, obesity, genetics, aging, and others, can lead to the development of hypertension. As everyone is aware, hypertension rarely shows any signs prior to causing harm to the kidney, heart, and brain. Hypertension remains one of the leading causes of illness and mortality worldwide, which makes it a significant public health concern. Objective: To assess and to determine the features of hypertension in people with various forms of Deha Prakriti and investigate the relationship between Prakriti and hypertensive tendenciesMethods: Here we present A study that is observational It was also done on [insert number] people who had been diagnosed with hypertension. A verified questionnaire was used to conduct the Prakriti assessment. Dwandwaja (dual) Prakriti categories were used to categorize subjects. A statistical analysis was conducted on clinical data, including family history, lifestyle choices, BMI, and systolic and diastolic blood pressure Result: The results will be concluded on the basis of observations drawn from the collected information Conclusion: Deha Prakriti and hypertension seem to be significantly correlated. Knowing the Prakriti-based tendency can help with early detection, individualized

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prevention, and comprehensive treatment of hypertension using integrative and Ayurvedic methods.

INTRODUCTION

The Ayurvedic constitution, or Prakruti, is a phenomenon made up of fundamental physical, physiological, and psychological characteristics. According to Beeja (genetic) and Dosha (body humors, namely Tridosha) influences, it appears during intrauterine life and is believed to be permanent.[1] Personalized therapy is highly valued in Ayurveda according to the "Purusham Purusham Vikshya"
(individualized approach) philosophy. Each person is unique due to genetic and intrauterine factors. A person therefore has the corresponding physiological and pathological differences. If a person is exposed to any urge, they will behave differently depending on the Prakruti. From the perspective of Prakruti, it is necessary to investigate the differences in disease resistance, the various natural onsets of the disease, and the various therapeutic responses. [2]
The term "lifestyle disorder" refers to hypertension caused by a flawed way of living. Stressful psychological conditions and poor eating habits increase a person's susceptibility to its complicated and long-lasting effects. When the diastolic pressure exceeds 90 mm Hg and the systolic pressure exceeds 140 mm Hg, hypertension is diagnosed.[3] Globally, the prevalence of hypertension is 26.6%, 29.8%, and 25%.[4] In India, it is estimated to be around 29.8%. HTN is ubiquitous, asymptomatic, typically curable, easily apparent, and can result in fatal complications. They are the key factor that causes cardiovascular disease.
Hypertension is the major reason for brain, renal, and peripheral artery disorders as a complication, which, if not treated on time, may cause death.[5,6] Since hypertension is asymptomatic (85%), it is also called the silent killer [7].The specific cause of hypertension is not known till now. It is believed that both environmental and genetic factors contribute to hypertension. It is the commonest cardiovascular disorder, posing a major public health challenge to the population in socioeconomic and epidemiological transition. Madyapan, Lavan, Diwaswap, Krodha, Shrama, and Nidanarthakar Roga are among the numerous factors that raise its risk[8]. Physical exercise has a negative relationship with hypertension, while a high-fat diet and body mass index have a favorable link.

MATERIALS AND METHODS

Study Design

An observational study to approach with a form of questions based on in-person interviews with participants who satisfy the study's eligibility requirements. The study's main goal is to ascertain the prevalence of hypertension among the various Prakruti of people. Furthermore, comparing Prakruti-wise increased blood pressure in the predetermined population and raising public awareness of hypertension and its connection to Prakruti are the secondary goals.

Recruitment

Hiring All eligible volunteers will be notified beforehand about the purpose of the study and the amount of time needed to complete the questionnaire through the use of simple random sampling. The patients have given their informed consent in the Gujarati, Hindi, or English that they are familiar with. The patient's involvement will be entirely voluntary, and no financial support will be provided. All necessary details, including name, address, affiliation, phone number, and email address, will be noted in case more help is needed. Investigating researchers will respond to any queries participants may have about the study or research.

Data collection

The Prakruti survey questionnaire was developed by conducting a literature search and study on Prakruti analysis. The questionnaire was then created based on the information gathered. With the assistance of intern students, the responses will be entered into the questionnaire by marking the relevant response. Systolic and diastolic blood pressure readings will be documented using a unique organized case proforma. Following the survey process, the participants' Prakruti will be examined, and a list of dos and don'ts (Ahar and Vihar) will be given in relation to their Prakruti.

Sample size

A sample size of 376 participants with Completing questionnaires is required (95% confidence interval). In this study, a total of 376 patients enrolled as per inclusion criteria; out of these, 362 subjects completed the study.

Data Extraction, Management, and Statistical Methods

Marked responses to the Prakruti questionnaire and case record form will be manually entered into an Excel file. With the assistance of statistical specialists, all the data will be examined using the chi-square test to determine the relationship between Prakruti and variations in systolic and diastolic blood pressure as well as the link between categorical variables. All statistical analyses will be conducted in Windows using SPSS software.

	Group-(A) Healthy		Group-(B) HTN	
	Frequency	**percentage**	**Frequency**	**percentage**
VP	81	44.75	90	49.72
PK	65	35.91	60	33.15
KV	35	19.34	31	17.13
Total	181	100.0	181	100.0

3. RESULTS AND DISCUSSION

RESULTS

A total of 362 participants were included in the study, with 181 subjects each in Group-A (Healthy) and Group-B (Hypertension). The distribution of Deha Prakṛti in both groups is presented in Table X.In Group-A (Healthy) individuals, Vāta-Pitta (VP) Prakṛti was the most prevalent, observed in 81 subjects (44.75%), followed by Pitta-Kapha (PK) in 65 subjects (35.91%) and Kapha-Vāta (KV) in 35 subjects (19.34%).Similarly, in Group-B (Hypertension) individuals, Vāta-Pitta (VP) Prakṛti was predominant, seen in 90 subjects (49.72%), followed by Pitta-Kapha (PK) in 60 subjects (33.15%) and Kapha-Vāta (KV) in 31 subjects (17.13%).Thus, Vāta-Pitta Prakṛti constituted the highest proportion in both healthy and hypertensive groups, with a comparatively higher percentage in the hypertensive group.

DISCUSSION

The present study assessed the distribution of Deha Prakṛti among healthy individuals and patients with hypertension to explore its possible association with disease occurrence.In both groups, Vāta-Pitta Prakṛti was found to be predominant. However, a slightly higher proportion of Vāta-Pitta Prakṛti was observed in the hypertension group (49.72%) compared to the healthy group (44.75%). This finding suggests a

possible role of Vāta predominance in the manifestation of hypertension.According to Ayurvedic principles, Vāta Doṣa governs Chala (movement), Vega (impulse), and Pravartana (circulation). Any vitiation of Vāta, especially in association with Pitta, can lead to abnormalities in Rakta Gati (blood flow) and Dhamani Sankocha–Vikasa, which may clinically manifest as elevated blood pressure. The involvement of Pitta Doṣa, which is responsible for Uṣṇatā and Tikṣṇatā, may further contribute to vascular reactivity and Rakta Dushti.The relatively lower prevalence of Kapha-Vāta Prakṛti in both groups indicates that Kapha dominance alone may not be a major contributing factor in hypertension, although Kapha may play a role in later stages through Srotorodha and Meda involvement.Overall, the findings of this study support classical Ayurvedic concepts that Vāta-pradhāna or Vāta-associated Prakṛti individuals may be more susceptible to lifestyle disorders such as hypertension, especially when influenced by improper diet, stress, and sedentary habits.

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